

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12	/						62						
13		/					63						
14		/					64						
15		/					65						
16	/						66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23	/						73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34	/						84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	45						TOTAL DEP.						
TOTAL CLAIMS	55						TOTAL CLAIMS						